

COMBINED DECLARATION AND POWER OF ATTORNEY  
IN ORIGINAL APPLICATION

# COPY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled Methods for Highly Efficient Generation of Adenoviral Vectors

the specification of which

(check one)

☐ is attached hereto.

☒ was filed on 01/28/97 as

Application Serial No. 08/789,886

and was amended on \_\_\_\_\_  
(if applicable)

RECEIVED

NOV 19 2002

OFFICE OF PETITIONS

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	YES	NO
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	YES	NO
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	YES	NO

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Sarah E. Bates

Reg. No. 31,324

Joseph B. Barrett

Reg. No. 34,769

Bradford R.L. Price

Reg. No. 29,101

Denise Serewicz

Reg. No. 36,928

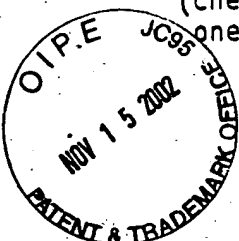
John McDonnell

Reg. No. 26,949

Emily Miao

Reg. No. 35,285

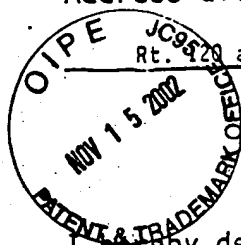
1053f/2 (12/19/91)



GNE-5111

Address all telephone calls to Sarah E. BatesAt telephone no. 708/270 5090

COPY

Address all correspondence to Sarah E. Bates, Baxter Healthcare Corporation,Rt. 120 and Wilson Road, WG2 3S, Round Lake, IL 60073

COMBINED DECLARATION AND POWER OF ATTORNEY  
IN ORIGINAL APPLICATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole or First Inventor Yifan Dai	Inventor's Signature 	Date 2-27-97
Residence Grayslake, Illinois	Citizenship of China	People's Republic
Post Office Address 1908 Country Drive, #304		
Full Name of Second Joint Inventor, if any Grayslake, Illinois 60030	Inventor's Signature	DATE
Residence	Citizenship	
Post Office Address		
Full Name of Third Joint Inventor, if any	Inventor's Signature	DATE
Residence	Citizenship	
Post Office Address		
Full Name of Fourth Joint Inventor, if any	Inventor's Signature	DATE
Residence	Citizenship	
Post Office Address		
Full Name of Fifth Joint Inventor, if any	Inventor's Signature	DATE
Residence	Citizenship	
Post Office Address		
Full Name of Sixth Joint Inventor, if any	Inventor's Signature	DATE
Residence	Citizenship	
Post Office Address		